

Cabinet for Health and Family Services
Department for Medicaid Services

Advisory Council for Medical Assistance

Nov. 20, 2014
10:00 a.m. – 12:30 p.m.
Room 125, Capitol Annex
Frankfort, Kentucky

AGENDA

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1. Call to order
2. Approval of minutes
3. Old Business
 - a) Kentucky plans for continuation of payment supplements to primary care physicians
 - b) DMS response to questions posed by MAC members at the September meeting
 1. That DMS respond in writing by the November meeting as to why Behavioral Health should not be carved out of managed care.
 2. That the MCOs report admission rates to psych hospitals, average LOS and re-admissions to psych hospitals. Also, request that they report denials of inpatient care and denials of Intensive OutPatient (IOP) care.
 3. That DMS respond to the request that it impose consistency across the MCOs with regard to formularies, prior authorizations, etc.
 4. There was also a question about what indicators the MCOs are providing to see that the continuum of care is actually happening between the medical side and the behavioral health side.
 5. Concern was expressed about patients getting their prescriptions beginning on January 1st when there will be new patients in the MCOs or patients will have changed their MCO. What has been done to assure that patients will be able to have their prescriptions filled and providers and pharmacists will know to which MCO the patient has been signed?
 - c) DMS working with MCOs to develop a common pre-authorization form - update
 - d) Suboxone Clinics – update on deeper look that DMS is giving these clinics
 - e) Psych Hospital and IOP denials, admission and re-admission rates
 - f) Any change in number of enrollees in each MCO?
 - g) When enrollees renew their Medical Card, they are being switched to a different MCO. This is a problem because enrollees are not aware they are being switched; the new MCO has a different formulary and medication that was previously covered is no longer covered; sometimes the current health care provider is not credentialed with the MCO that the enrollee is switched to.
4. Updates from Commissioner Kissner

5. Reports and Recommendations from TACs
 - Behavioral Health
 - Children's Health
 - Consumer Rights and Client Needs
 - Dental
 - Nursing Home Care
 - Home Health Care
 - Hospital Care
 - Pharmacy & Therapeutics
 - Nursing Services
 - Optometric Care
 - Therapy Services
 - Physician Services
 - Podiatric Care
 - Primary Care
 - Intellectual and Developmental Disabilities
6. Approval of recommendations from TACs and request for response from DMS
7. WellCare Presentation
8. Dates for 2015 Meetings based on 4th Thursday every other month – except Nov. due to Thanksgiving.
 - Jan. 22, 2015
 - Mar. 26, 2015
 - May 28, 2015
 - Jul. 23, 2015
 - Sept. 24, 2015
 - Nov. 19, 2015
9. New Business
 - DMS brochure and information sheet on MCOs
10. Other
11. Adjourn